

---

# WV DD COUNCIL

## 2010-2011 NEEDS SURVEY

110 Stockton Street  
Charleston, WV 25312

This is a survey for people with developmental disabilities who rely on public services and their families. Your responses are confidential and will help the DD Council in developing its priorities for improving services in WV over the next five years. If you need assistance in completing this survey or have questions, please contact Jim Cremeans at (304)-558-4184 or email at [jim.h.cremeans@wv.gov](mailto:jim.h.cremeans@wv.gov) . PLEASE RETURN COMPLETED SURVEYS TO THE DD COUNCIL BY APRIL 4, 2011.

### SECTION I. General Information: Check appropriate box(s):

- ☐ I am a person with a developmental disability. I am \_\_\_\_\_ years old.
- ☐ I am a family member. The person is \_\_\_\_\_ years old.
- ☐ I am a Medley Class Member.
- ☐ Other (e.g.; friend, advocate, service provider, foster parent)

Specify: \_\_\_\_\_

County in West Virginia where I live \_\_\_\_\_

I or my family members live: ☐ With Family ☐ In My/Their Own Home

☐ Apartment/Home with one or two Roommates ☐ Specialized Family Care Home

☐ Group Home ☐ Other: \_\_\_\_\_

I receive services through the WV Title XIX MR/DD Waiver program. ☐ Yes ☐ No

I, or my family member is on a wait list for services. ☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

### SECTION II. Unmet Services and Supports:

- A. Are there services or assistance that you or your family member(s) need that are not available?

☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

- B. Do you receive a service or support that needs to be improved or changed to be more appropriate to you or your family member(s) needs?

☐ Yes ☐ No

If Yes, please explain: \_\_\_\_\_

- C. Is there a service available in your community that you or your family member(s) need but is not accessible due to cost, eligibility, or other reason?

☐ Yes      ☐ No

If Yes, please explain: \_\_\_\_\_

- D. **Ranking of Unmet Needs:** What are the three (3) most critical unmet service needs you or your family member(s) have based on the impact the unmet service has on health, safety, and/or ability to live, work, and learn in your community? (#1 is most critical, #3 is least critical)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

E. I am most satisfied with \_\_\_\_\_ services and supports.

F. I am least satisfied with \_\_\_\_\_ services and supports.

### SECTION III. Areas of Emphasis for the DD Council

- A. Please rank the **TOP 5** Areas of Emphasis below that you believe should be priorities for the DD Council to focus over the next five years (# 1 is most critical, # 5 is less critical):

\_\_\_ **Employment**

\_\_\_ **Transportation**

\_\_\_ **Education & Early Intervention**

\_\_\_ **Housing**

\_\_\_ **Health**

\_\_\_ **Recreation**

\_\_\_ **Child Care**

\_\_\_ **Quality Assurance** (Self-Advocacy, Abuse Prevention, Accountability)

\_\_\_ **Community Supports**

(Family Support, Workforce, MR/DD Waiver)

\_\_\_ **Other Service issue:** \_\_\_\_\_

- B. Of the TOP 5 Areas of Emphasis above that you marked, describe the specific concerns you have for each (see example):

Rank	Area of Emphasis	Important Issue
<i>Exp 1</i>	<b><i>COMMUNITY SUPPORTS</i></b>	Choosing qualified staff to support my son.
1		
2		
3		
4		
5		

**SECTION XI: Closing Comments**

1. Looking ahead five years, I am most concerned about: (write below)

2. What are your hopes and dreams for the future?

**\* Please attach any other ideas or thoughts you have or write on the back of this page.**